			_~			•		_	0	91	1853	3/0	
								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effectiv October 1, 2000													
CLAIMS AS FILED - PART (Column 1) (Column 2)									ипту			R THAN	
TOTAL CLAIMS			12	' ')	(Cagnin 2)			TYPE (OR T		ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA			RATE BASIC FE	FEE 355.00	┨	RATE	FEE	
TOTAL CHARGEABLE CLAIMS			17 minus 20=		• 0				333.00	OR	BASIC FEE	710.00	
INDEPENDENT CLAIMS			3 minus 3 =		· c			X\$ 9≖	<u> </u>	OR	X\$18=		
MULTIPLE DEPENDENT CLAIM P			J				}	X40=		OR	X80=	<u> </u>	
_				_			+135=		OR	+270=			
- 17	the difference	in column 1 is	less than zo	ero, enter	TO in a	column 2		TOTAL	358	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)	7	(Colum		(Cotumn 3)	i	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
200	Total	1.12	Minus	. 2	.0	a		X\$ 9=		OR	X\$18=		
ME	Independent	• 3	Minus	***	3			X40=	<u> </u>		X80=		
_		ENTATION OF M								OR			
Best Available Cop						1	Į	+135=		OR	+270=		
/	12-26-01	4		•			4	TOTAL LODIT, FEE	<u> </u>	OR	TOTAL ADDIT, FEE	L	
_		(Column 1)	1	(Colun		(Column 3)) e			a <i>a</i>			
AMENDMENT B		REMAINING AFTER AMENDMENT	*	PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEEI		RATE	ADDI- TIONAL	
\$	Total	.12	Minus	2	0			X\$ 9=	7		X\$18=	FEE	
KE	Independent	• 3	Minus	3	3			X40-i	-/-	OR			
	FIRST PRESE	NTATION OF MI	ALTIPLE DEF	ENDENT	CLAIM			A40=		OR	X80=		
			1	•				+135=		OR	+270=		
					-		Ā	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
-	 	(Column 1)		(Colum		(Column 3)				•			
ပ		CLAIMS REMAINING		HIGHE NUMB		PRESENT	٢		ADDI-	ſ		ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	•	Minus	**		3		X\$ 9=	ree.		X\$18=	FEE	
ME	Independent	•	Minus	***		•	-			OR			
`[FIRST PRESE	NTATION OF MIL	SLTIPLE DEP	ENDENT	CLAIM		-	X40=		OR	X80=		
			+135=		OR	+270=							
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE													
T	we regrest Num he Tiighest Numi	nber Previously Paid ber Previously Paid	iid For IN THIS I For (Total or	i SPACE is Independer	leas ther 11) is the	n 3, enter "3," highest number			ropriale box		DDIT. FEE E mn 1.	1	